PATENT APPLICATION FEE DETERMINATION RECORD

Application or Docket Number

Effective October 1, 2003												
CLAIMS AS FILED - PART I (Column 1) (Column 2)								SMALL E	NTITY .	OR	OTHER SMALL	
T	OTAL CLAIMS		12	12		_		RATE	FEE]	RATE	FEE
FOR			NUMBER FILED		NUMB	NUMBER EXTRA		BASIC FEE	385.00	OR	BASIC FEE	770.00
TOTAL CHARGEABLE CLAIMS) 9 minus 20=		*			X\$ 9=		OR	X\$18=	
INDEPENDENT CLAIMS .			2 minus 3 =		*			X43=		OR	X86=	
ML	JLTIPLE DEPEN	NDENT CLAIM PR	RESENT					+145=		OR	+290=	
* If the difference in column 1 is less than zero, enter "0" in						olumn 2		TOTAL		OR	TOTAL	770
CLAIMS AS AMENDED - PART II								OTHER THAN SMALL ENTITY OR SMALL ENTITY				
		(Column 1)	T	(Colun		(Column 3)	1	SWALL	ADDI-) 	SINALE	ADDI-
AMENDMENT A		REMAINING AFTER AMENDMENT		NUME PREVIO	BER DUSLY	PRESENT EXTRA		RATE	TIONAL FEE		RATE	TIONAL FEE
	Total	*	Minus	***		=		XS 9=		OR	X\$18=	
	Independent	*	Minus	***		=		X43=		OR	X86=	
Ļ	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM)	+145=		OR	+290=	
	·							TOTAL		OR	TOTAL ADDIT. FEE	
ADDIT. FEE											ADDIT. FEET	
AMENDMENT B		CLAIMS RÉMAINING AFTER AMENDMENT		HIGHI NUME PREVIC PAID F	EST BER DUSLY	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
	Total	*	Minus	**		= .		XS 9=		.OR	X\$18=	
	Independent	*	Minus	***		<u> -</u>	j	X43=		OR	X86=	
	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM						ا ا	- 145=		OR	+290=	
	•						1	TOTAL ADDIT FEE		OR	TOTAL ADDIT, FEE	
	(Column 1) (Column 2: (Column 3:							ACCIT FEE		•		
MEN		CLAIMS REMAINING AFTER AMENDMENT		HIGHE NUME PREVIO PAID F	EST BER DUSLY	PRESENT EXTRA		RATE	ADDI- TIONAL FEE	-	RATE	ADDI- TIONAL FEE
	Total	*	Minus	**		=	!	XS 9=		OR	X\$18=	
	Independent		Minus	***		-		X4:3=		OR	X86=	·
	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM							+145=		OR	+290=	
* If the entry in column 1 is less than the entry in column 2, write "0" in column 3. ** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20." ***If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3." ***OPTION OF TOTAL ADDIT. FEE												
		her Previously Paid					er fou	nd in the and	ronriate box	in col	umn 1.	